様式第1号(第4条関係)

排水設備等計画確認(変更)申請書

　　茨城町長　宛

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 所 有 区 分 | | | | 個人　　法人　　公有 | | | | | | |
| 住 宅 区 分 | | | | 既存住宅　　新築住宅 | | | | | | |
| 旧汚水処理方法 | | | | 合併浄化槽　　単独浄化槽　　汲み取り | | | | | | |
| ※供用開始年月日 | | | | 年　　月　　日 | | | | | | |
| ※接 続 支 援 | | | | 対象　　　対象外 | | | | | | |
| 茨城町公共下水道条例第6条の規定により申請します。 | | | | | 受付番号 | | |  | | | | 受付年月日 | | |  |
| 申請者 | | 住所 |  | | | 設置場所 | | | | 茨城町 | | | | | |
| ふりがな  氏名 |  | | | 計画承認 | | | | 年　　月　　日 | | | | | |
| 工事着手予定 | | | | 年　　月　　日 | | | | | |
| 電話番号 | (　　　　) | | | 工事完成予定 | | | | 年　　月　　日 | | | | | |
| 使用者 | | 住所 |  | | | 完成検査 | | | | 年　　月　　日 | | | | | |
| ふりがな  氏名 |  | | | 工事種類 | | | | 新設　　増設　　改造　　撤去 | | | | | |
| 使用区分 | | | | 家庭用　　業務用　　併用 | | | | | |
| 電話番号 | (　　　　) | | | 使用水 | | | | 水道水　　井戸水　　併用 | | | | | |
| 指定工事店 | | 住所 |  | | | 使用人員 | | | | 人 | | | | | |
| 他人の土地又は排水設備を使用する場合の同意  　私所有の(　　　　　　　)を使用することに同意します。  　住所  　氏名 | | | | | | | | | |
| 名称 |  | | |
| 電話番号 | (　　　　) | | |
| 主任技術者 | 所属　　　登録番号　　― | | | ※排水設備番号 | | | | | 第　　　　　　　　　　　号 | | | | |
| ※水道水栓番号 | | | | | 第　　　　　　　　　　　号 | | | | |
| 揚水施設 | | 排水ポンプ吐出口径　　　　mm　　原動機　　　　　台 | | | | ※水道確認者 | | | | | | | | | |
| 工種 | 名称 | | | 形状 | | | 数　量 | | | | 単　位 | | 決裁 | | |
| 課長 |  | |
| 水洗便所工事 |  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | | 課長補佐 |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
| 排水設備工事 |  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | | 係長 |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | | 係　員 |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
| 附帯工事 |  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
| 備　考 |  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |

　1　※印は記入しないでください。　　　　　　　　　　2　選択する枠は，文字を○で囲ってください。

　3　使用者は上水道使用者と同一の者とする。　　　　　4　この申請書は，工事着手の7日前までに必ず提出してください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 面記号 | | | | | | | | | | | | | | | | | | | | | | | | | | 位置図(住宅地図を縮小し，貼付すること)　　　　 N | | | | | | | | | | | | | | | | | | |
|  | 排水管 | | | |  | | | | 通気管 | | | | |  | | | | 公共下水道 | | | |  | | | |
| 立ち管 | | | |  | | | | 曲管 | | | | |  | | | | T字管 | | | |  | | | |
| Y字管 | | | |  | | | | 90°Y字管 | | | | |  | | | | 片落ち管 | | | |  | | | |
| そうじ口 | | | |  | | | | 床排水等 | | | | |  | | | | トラップ | | | |  | | | |
| 油脂トラップ等 | | | |  | | | | 中和そう | | | | |  | | | | トラップます | | | |  | | | |
| 汚水ます | | | |  | | | | 公共汚水ます | | | | |  | | | | 管の交差 | | | |  | | | |
| 兼用大便器 | | | |  | | | | 公私境界線 | | | | |  | | | | 隣地境界線 | | | |  | | | |
| 建物外周 | | | |  | | | | 建物間仕切り | | | | |  | | | | 洗濯流し | | | |  | | | |
| 水飲器 | | | |  | | | | 浴槽 | | | | |  | | | | ロータンク | | | |  | | | |
| ハイタンク | | | |  | | | | 和風大便器 | | | | |  | | | | 洋風大便器 | | | |  | | | |
| 小便器 | | | |  | | | | ストール小便器 | | | | |  | | | | 洗面器 | | | |  | | | |
| 手洗器 | | | |  | | | | 料理場流し | | | | |  | | | | そうじ用流し | | | |  | | | |
| ※新設改造は赤実線，既設は黒点線，建物外周は太線，間切寸法線は細線で記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |